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Rural Physicians—In Crisis?

To the Editor: More and more, primary care physicians (generalists, and perhaps family physicians most of all) are being recognized as cost-effective instruments for providing health care services. The problem we have as a profession is that:

- We do not know how to select medical students who will make good generalists.
- We do not make a serious attempt to train or support the training of good generalists—a term that many subspecialists seem to think is an oxymoron.
- We do not pay generalists very well—and we seem to think that is appropriate.

Rural health care is entering a time of crisis. Primary care physicians in rural areas are experiencing a reduction in reimbursement under fee-for-service programs. Managed care has not penetrated to most rural areas. Primary care physicians are in demand in urban areas, and their pay scale is rising. The consequences of this economic misfit is that the poor will become poorer—physicians will find that dedication will not sustain them in rural practices and will leave for the easier life and better pay of urban practice. What will rural residents do for health care services?

There are many of us who are willing to practice, even at modest financial disadvantage, in a rural setting. The economic disincentives are increasingly reaching the threshold for action. We will need to be supported financially if our profession is to avert a crisis that will deprive us of the control of our own destinies in rural California.

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Correction

In Hamlin and Kahn's article in the January issue[1] Figure 3 on page 28 was printed upside down. The correct figure is shown below. This was our error, and we apologize to Drs Hamlin and Kahn.

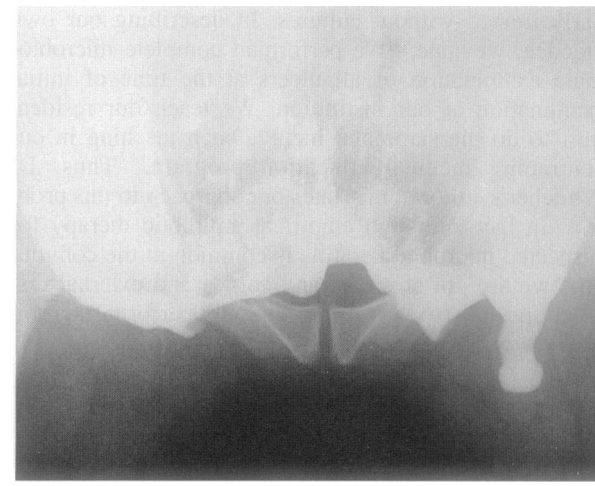

Figure 3.—A 39-year-old man who had previously undergone repair of bilateral complex inguinal hernias presented with groin pain bilaterally. The physical examination showed no abnormalities on the right and was equivocal for a hernia on the left. The herniogram showed a recurrent indirect inguinal hernia on the left (angled view) and no recurrence on the right.

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